


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N31783		
1. Entity Name SHILOH UNITED METHODIST CHURCH AND CEMETERY ASSOCIATION, INC.		
Principal Place of Business 11020 NW HWY 330 MICANOPY, FL 32667 US	Mailing Address 22931 N HWY 329 MICANOPY, FL 32667 US	

DO NOT WRITE IN THIS SPACE



02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2981421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FEASTER, JACOB L JR
22731 N HWY 329
MICANOPY, FL 32667

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000653171

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FEASTER, PATRICIA G
STREET ADDRESS	22931 N HWY 329
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	CD
NAME	FEASTER, RICHARD
STREET ADDRESS	22931 N HWY 329
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	SD
NAME	GLADNEY, LUCILLE
STREET ADDRESS	21725 NW 106TH CT RD
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	D
NAME	MILLER, HARRY
STREET ADDRESS	10130 NW HWY 320
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	D
NAME	VILLARDEFrancos, NESTOR
STREET ADDRESS	10701 NW HWY 320
CITY-ST-ZIP	MICANOPY, FL 32667
TITLE	D
NAME	YAWN, BERNICE
STREET ADDRESS	10650 NW HWY 320
CITY-ST-ZIP	MICANOPY, FL 32667

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07

Date

352/466-0262

Daytime Phone #